## NEW JERSEY STATE DEPARTMENT OF EDUCATION OFFICE OF CRIMINAL HISTORY REVIEW TRANSMITTAL FORM SCHOOL BUS DRIVER

(Type of print in ink)

## INSTRUCTIONS

- 1. Enter name and address of submitting district/private school. include identifying code number for county, district/private school and contractor if applicable.
- 2. If transmittal is for contractor employees, enter name and address of company. DO NOT INCLUDE CONTRACTOR EMPLOYEES ON SAME TRANSMITTAL USED FOR DISTRICT/PRIVATE SCHOOL EMPLOYEES, CONTRACTOR EMPLOYEES MUST BE SUBMITTED ON A SEPARATE TRANSMITTAL FORM.
- 3 Enter name, title, and signature of county, district or school administrator submitting transmittal.
- 4: Enter date of submission.
- 5. Complete Employee Roster by listing each submitted employees alphabetically.
- Retain the district/private/contractor copy of all pages and forward the remainder along with applicant's completed State and Federal fingerprint cards, notarized Applicant Authorized and Certification form, and payment, to the address below.
- 7. Provide the applicant with the canary copy of the completed authorization & certification to be presented to the Division of Motor Vehicles.
- a. Three digit school code for private agencies only.

NE 22 CN	FFICE OF CRIMINAL HISTORY REVIEW EW JERSEY STATE DEPARTMENT OF E 5 West State Street N 500 enton, New Jersey 08625-0500	TRANSMITTAL - SCI	HOOL BUS DRIVER		
FROM:	County Name Code Distric	t/Private School Name	$\begin{vmatrix} - & - & - & - & - & - & - & - & - & - $	ntractor Name, if applicable	-    - - - - - - - - - - - - - - -
	Street Address d herewith is the name and social security reseq., in order to fulfill the district's obligation			Sta	·
	Name (Print or Typ		Title	(	) Telephone #
	Signature			Date	_

Copy Distribution: White-Department of Education

Canary-Duplicate

Pink-Submitting District/Private School

Goldenrod-Contractor